

Docket No. 64672/JPW/AJDIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William C. Olson and Paul J. Maddon

Serial No. : 09/828,615 Examiner: Jeffrey Stucker

Filed : April 6, 2001 Group Art Unit: 1648

For : METHODS FOR INHIBITING HIV-1 INFECTION

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: August 1, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	23 -	* 51 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE \$ 0				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): William C. Olson and Paul J. Maddon
Serial No. : 09/828,615
Filed : April 6, 2001
Amendment Transmittal Letter
Page 2


The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)
☒ A Petition for an Extension of Time, including a fee of
\$ 225.00 for a Petition for 2 Month(s) Extension of Time
☐ Other (identify): _____

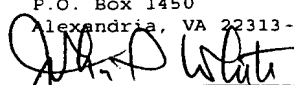
THE TOTAL FEE DUE IS \$ 225.00.

☒ A check in the amount of \$ 225.00 is enclosed.
☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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Alexandria, VA 22313-1450.
 8/1/05

John P. White Date
Reg. No. 28,678